

"Express Mail" mailing label number EL615775445US

Date of Deposit _____

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box → ☐

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	H 3170 PCT/US
	First Named Inventor	Hollenberg, Detlef
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL DYES AND COLORANTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/01/2000 as United States Application Number or PCT International

Application Number PCT/EP00/06159 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
199 30 927.2	Germany	07/06/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/06159	07/01/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062		
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☐ Fill in correspondence address below

Name: Kimberly R. Hild

Address: Henkel Corporation

Address: 2500 Renaissance Blvd, Suite 200

City: Gulph Mills State: PA Zip: 19406

Country: USA Telephone: 610-278-4964 Fax: 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Detlef	Middle Initial		Family Name	Hollenberg	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Erkrath	State		Country	Germany	Citizenship	Germany
Post Office Address	Fliederweg 31						
Post Office Address							
City	40699 Erkrath	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box → ☐

H 3170 PCT/US

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Horst	Middle Initial		Family Name	Hoeffkes	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany		
Post Office Address	Carlo-Schmid-Str. 113								
Post Office Address									
City	40595 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Frank	Middle Initial		Family Name	Naumann	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany		
Post Office Address	Urdenbacher Allee 57								
Post Office Address									
City	40593 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	David	Middle Initial		Family Name	Rose	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Hilden	State		Country	Germany	Citizenship	Great Britain		
Post Office Address	Am Eichelkamp 223								
Post Office Address									
City	40723 Hilden	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Leszek	Middle Initial	J.	Family Name	Wolfram	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Stamford	State	CT	Country	US	Citizenship	US		
Post Office Address	666 Westover Rd.								
Post Office Address									
City	Stamford	State	CT	Zip	06902	Country	US	Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto								

Type a plus sign (+) inside this box → ☐

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Joachim-Kurt	Middle Initial		Family Name	Foitzik	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Seehelm-Jugenheim	State		Country	Germany	Citizenship	Germany
Post Office Address	Auf der Lettellung 8						
Post Office Address							
City	64342 Seehelm-Jugenheim	State		Zip		Country	Germany
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
				Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
				Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							